

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000002487 (5)**

1. Corporation Name

**PLATINUM SPORTSWEAR EAST, INC.**



Principal Place of Business

**6572 INTERSTATE 85 COURT  
NORCROSS GA 30093**

Mailing Address

**6572 INTERSTATE 85 COURT  
NORCROSS GA 30093**

3. Date Incorporated or Qualified  
**05/22/1995**

3a. Date of Last Report  
**Initial**

2. Principal Place of Business

21 **6308 Benjamin Rd**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc. **Ste 714**

27 Suite, Apt. #, etc.

23 City & State **Tampa, FL**

28 City & State

24 Zip **33634**

29 Zip

25 Country

30 Country

4. FEI Number

**58-1805899**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, BOB  
6308 BENJAMIN ROAD  
THOMPSON CENTER, STE 713-715  
TAMPA FL 33634**

81 Name **Susan Cronoff**

82 Street Address (P.O. Box Number is Not Acceptable)

**6308 Benjamin Road**

83 **Thompson Center, Ste 714**

84 City **Tampa, FL**

**FL**

85 Zip Code **33634**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Susan Cronoff**

(Signature, typed or printed name of registered agent and then applicable)

(NOTE: Registered Agent signature required when registering)

**3/27/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE

NAME **LITSKY, MIRIAM R**  
STREET ADDRESS **3207 HENDERSON MILL ROAD, APT. 1-4**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **STD** ☐ DELETE

NAME **LITSKY, GEORGE M**  
STREET ADDRESS **3207 HENDERSON MILL ROAD, APT. 1-4**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **VD** ☐ DELETE

NAME **LITSKY, MATTHEW I**  
STREET ADDRESS **5785 GREENBANK TERRACE**  
CITY-ST-ZIP **NORCROSS GA**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **4642 VILLAGE DRIVE**  
1.4 CITY-ST-ZIP **DUNWOODY, GA. 30338**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **4642 VILLAGE DRIVE**  
2.4 CITY-ST-ZIP **DUNWOODY, GA. 30338**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS **100001774321**  
4.4 CITY-ST-ZIP **-04/09/96--01115--012**  
**\*\*\*200.00**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MIRIAM LITSKY**  
**President**

**3/15/96 770-263-9526**  
Date Daytime Phone #

CR2E034 (12/95)

**4-9-96JR**